## PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION N	IO EII INI.	G DATE	FIRST NAMED IN	JENTOP	ATTODNEY F	OCKET NO		ONFIRMATION NO.	
L					ATTORNEY DOCKET NO.				
10/588,485 08/04/2006		Masaaki HIRA	NO	Q96434			8206		
TITLE OF INVENTION: BENZIMIDAZOL YLINDENE PROPANE-1,3 DIONE DERIVATIVE OR SALT THEREOF									
APPLN. TYPE	SMALL ENTITY			ION PREV.	PAID ISSUE FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510.00	\$300.00	<u>,                                      </u>	\$0.00	\$1,810.00		03/18/2010	
EXAMINER			ART UNI	T CLAS	SS-SUBCLASS				
Valerie Rodriguez-Garcia			1626	5	14-394000				
1. Change of correspond	1. Change of correspondence address or indication of "Fee Address" (37 CFR				on the patent front p	age list	l Sug	ghrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.									
03-02 of more recent) ATTACHED. Use of a Customer Number is required.				d. member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
									3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Astellas Pharma Inc.	Tokyo, Ja	pan							
Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☑ Corporation or other private group entity ☐ Government									
4a. The following fee(s) are submitted:			4b. Payme	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)					
☑ Issue Fee			☐ A check	☐ A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)			☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies				☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.					
				☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.					
5. Change in Entity Sta	tus (from status indi	cated above)							
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).									
The Director of the USI	PTO is requested to	apply the Issue Fee	e and Publication Fee (i	f any) or to re-ap	ply any previously p	aid issue fee to	he appl	ication identified above.	
NOTE: The Issue Fee a party in interest as show					the applicant; a regis	tered attorney o	r agent;	or the assignee or other	
Authorized Signature /Susan J. Mack/				Date			March 18, 2010		
Typed or Printed Name Susan J. Mack				Registration No. 30,951					